



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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January 20, 2006

2005 TRANSIENT NON-COMMUNITY PUBLIC WATER SYSTEM ANNUAL STATISTICAL REPORT
FOR DRINKING WATER VENDING MACHINES

Dear Public Water Supplier:

Enclosed are your 2005 Public Water System Annual Statistical Report form for Drinking Water Vending Machine and Comprehensive Report with Violation Addendum and/or Open Enforcement/Inspection Actions Report. Not all systems receive a Violation Addendum or an Open Enforcement/Inspection Actions Report. These forms must be completed and postmarked by **March 24, 2006**. You are required to submit this report annually.

Please read the instructions below carefully before completing these forms.

Your water system is classified by MassDEP as a Transient Non-Community Public Water System (TNC) because you supply drinking water for at least 60 days of the year to either at least 25 different persons or your water system has at least 15 service connections. If you believe the criterion does not apply to you, please contact a MassDEP regional office (see below) for further information and a review of your status.

By completing and returning the Annual Statistical Report Forms and corrected Comprehensive Report to the Department by **March 24, 2006**, you will have fulfilled your annual reporting requirements as a registered Public Water System, in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.15. Prompt and accurate submittals also assist MassDEP in planning and implementing its drinking water programs and establishing your Safe Drinking Water Act Assessment. If you fail to complete and return these forms, you will be subject to enforcement actions.

Additionally, MassDEP has set a goal of 2007 to have this form available to users of our eDEP electronic filing system. This will allow you to complete and submit the form electronically. We acknowledge the effort it takes to perform this filing every year and hope that changes in this year's form make it more user-friendly and easier to complete.

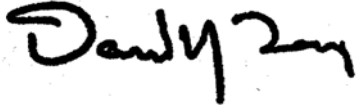
Thank you for working with the Drinking Water Program to protect Massachusetts' drinking water. This report form is now available in two formats from the MassDEP's web site. Go to <http://www.mass.gov/dep/water/approvals/dwsforms.htm> and look under the heading of 'Statistical Reporting.' The pdf file can be downloaded, manually completed and returned by mail to MassDEP. The Microsoft Word file can be downloaded, completed on a computer, printed, signed and returned by mail to MassDEP. If you have any questions, comments or suggestions about these forms, please contact Mr. Mark T. Bolivar at (617) 292-5527 or the Drinking Water Program's Water Quality Assurance Section at (617) 292-5770.

This information is available in alternate format. Call Donald M. Gomes, ADA Coordinator at 617-556-1057. TDD Service - 1-800-298-2207.

DEP on the World Wide Web: <http://www.mass.gov/dep>

Printed on Recycled Paper

Very Truly Yours,



David Y. Terry, Program Director
Drinking Water Program

Attachments: Annual Statistical Report and Attachments
Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report

Directions for Completing the 2005 Statistical Report

1. Type or print your responses in Sections A-C legibly in black ink.
2. Review the Public Water System Comprehensive Report with Violation Addendum (if attached). Make corrections directly on this report. If possible highlight the corrections. When you make a change directly on the Comprehensive Report, you do not need to duplicate that same information on this year's statistical report form. Simply write "SA", (see attached), for those questions. Review the Open Enforcement/Inspection Actions Report and contact your DEP regional technical assistance provider listed below to correct or resolve any issues.
3. Complete the 2005 Annual Public Water System Statistical Report pages. Some questions have an option to check "No Change". This should only be checked if the question is the same as that on the Public Water System Comprehensive Report. Do not leave any questions blank. The spaces provided should be completed in full, marked "SA" (see attached) or have No Change checked.
4. Include your public water system identification number (PWS ID#) on all forms. Your PWS ID# is the seven-digit number that appears on the mailing label.
5. Sign the certification statement in Section C of the Annual Public Water System Statistical Report.
6. Return to DEP **March 24, 2006** (must be postmarked by this date):
 - **Two copies of the Statistical Report.** One of the copies of the statistical report must have an original signature, and
 - **Two copies of the Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report.** (if attached)
7. Mail copies to:

Department of Environmental Protection
Drinking Water Program, Attn: STATS PROGRAM
One Winter Street, 6th Floor
Boston, MA 02108
8. Remember to keep a completed copy of this package for your own files.

If you need help understanding the type of data requested, please contact your regional technical assistance provider:

If your PWS ID# begins with a number one (1) call the Western Regional Office (Springfield):
Mike McGrath.....(413) 755-2202 or Daniel Laprade.....(413) 755-2289

If your PWS ID# begins with a number two (2) call the Central Regional Office (Worcester)
Paul Anderson.....(508) 767-2802 or Kelly Momberger..... (508) 849-4023

If your PWS ID# begins with a number three (3) call the Northeast Regional Office (Wilmington)
William Zahoruiko.....(978) 694-3232 or Hilary Jean.....(978) 694-3229

If your PWS ID# begins with a number four (4) call the Southeast Regional Office (Lakeville)
Scott Lussier(508) 946-2732 or Daniel DiSalvio.....(508) 946-2793

Directions for Completing the Electronic Version of the Form

1. The form requires an IBM compatible computer and Microsoft Word97 or more recent version. If you do not have an IBM compatible computer and Microsoft Word97 or higher, please use the paper version of the form or the pdf version of the form on DEP's web site. Both the electronic version of the form and the pdf version of the form can be downloaded at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.'
2. Improve the look of the form by ensuring the gridlines in Microsoft Word are turned off. To turn off the gridlines, open Word, go to the Table menu, and click on Hide Gridlines.
3. To navigate through the form or move from question to question:

Forward: Use the tab key or the right arrow key.

Backward: Hold down the shift key and the tab key at the same time or use the back arrow key.

Reposition: Use the mouse to point and click. If the Enter key is pressed, you will need to press the backspace key to return to the visible field you were typing in.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
For Drinking Water Vending Machines. This Form is for the 1/1/2005 – 12/31/2005 Reporting Period

TNC VEND

PWSID#:

Name:

City/Town:

Please answer the following questions, fill out a separate page for each installation.

A GENERAL INFORMATION

Please use the tab key to move forward.



If you press the enter key, please press the backspace key until the form returns to normal.

Owner's Name		Phone #	
Owner's Address			
City/Town	State	Zip Code	
Owner's E-mail Address		Fax #	
Name of Manufacturer	Vending Machine Make	Model	
Location of Vending Machine			
Vending Machine's Physical Address			
City/Town	State	Zip Code	
Date Approved by DEP			
Name of Operator	MA Cert License #	Grade	Exp Date
Operator's Address			
Phone #	Fax #		
Operator's E-mail Address			

B PWS & Source Information

Please answer the following questions or attach a copy of your maintenance log sheet for this machine for the period 1/1/2005-12/31/2005

- Gallons of water vended? _____ Gallons
- Number of Customers: (Daily Average): ☐ No Change
 Number of customers per day for Winter (Oct – Mar): _____
 Number of customers per day for Summer (Apr– Sep): _____
 Total Number of Customers yearly: _____
- How is your water source supplied?

☐ Trucked from an approved PWS source ☐ Connected to PWS system ☐ Approved Source on site

If you own the source(s) that supplies the water to the vending unit you must supply to the department a standard TNC Annual Statistical Report for the system the source is associated with.

Name of Source	Source ID#
Location of Source:	



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TNC VEND -2005

TNC VEND

PWSID#:

Name:

City/Town:

Name of PWS Supplying Water:

PWS ID#:

C Maintenance and Operation

1. Within the past year (2005), how often were the following services performed?

Service(s) Performed	Monthly	Every 3 Months	Semi-Annually	Annually	Other
Replace Filters on processing unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection of the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replace Pre-filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check components for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flush system for 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test pressure switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replace UV lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test all fail-safe mechanisms*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test backflow preventions devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for Bacteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for Nitrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for Sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test for TDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Tests (specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* EX: Loss of water supply or UV power, low water pressure or UV lamp output, high or low level storage tank excellence , any alarm condition, etc.

2. Where is the waste water from the dispenser overflow (spillage) and/or Reverse Osmosis System Discharged?

3. If discharging into a waste-line(sewage). Is the discharge air gaped? Yes ☐ No ☐
If No please explain _____

4. Have you received any code violation notices from the Massachusetts Department of Public Health or the Local Board of Health for this water vending machine? Yes ☐ No ☐
If Yes, Please explain on a separate sheet of paper and attach.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Signature of Owner /Operator

Date